



PTO/SB/21 (12-97)

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**TRANSMITTAL
FORM**

(To be used for all correspondence after initial filing)

Application Number		10/644,710
Filing Date		August 20, 2003
First Named Inventor		Eero Savolainen
Group Art Unit		
Examiner Name		
Total Number of Pages in This Submission	Attorney Docket Number	FORSAL-82

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (For an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) And Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication To Group <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (Please identify below): • Claim for Priority under 35 U.S.C. 119(a)-(d) and Submission of Certified Copy of Original Foreign Application
Remarks		The Commissioner is hereby authorized to charge any additional fees that may be required with respect to this communication, or credit any overpayment, to Deposit Account No. 50-2663.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David R. J. Stiennon, Reg. No. 33212
Signature	<i>David R. J. Stiennon</i>
Date	September 4, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450 on this date:

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Typed or printed name	David R. J. Stiennon, Reg. No. 33212		
Signature	<i>David R. J. Stiennon</i>	Date	September 4, 2003